

1.) CORPORATION NAME:

DUE DATE: **10/31/2011**

American Home Mortgage Lending Solutions, Inc.

SCC ID NO: **F1771304**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4600 REGENT BLVD STE 200

CITY/ST/ZIP: IRVING, TX 75063-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID M APPEGATE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	1525 S BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	ALEX B HALISKY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, BUS DEVELP		
ADDRESS:	1525 S. BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	JORDAN D DORCHUCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/S/GC		
ADDRESS:	1525 S BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	KIMBERLY J DAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1525 S BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	VANESSA R GIFALDI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1525 S. BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		

NAME:	KRISTEN THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1525 S. BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	JEFFREY M WOLFE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1525 S. BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	ELLEN COLEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/T		
ADDRESS:	1525 S BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	ROBERT L LOVE JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/ASEC		
ADDRESS:	1525 S BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	MARK ZEIDMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	1525 S BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	LARRY G STUDINSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, CONSU LEND		
ADDRESS:	1525 S. BELT LINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	MARGARET KILLBRIDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, QUAL CONT		
ADDRESS:	1000 BISHOPS GATE BLVD		
CITY/ST/ZIP/CO:	SUITE 210 MT. LAUREL, NJ 08054-		
NAME:	JOANNE WIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, OPERAT		
ADDRESS:	1000 BISHOPS GATE BLVD		
CITY/ST/ZIP/CO:	SUITE 210 MT. LAUREL, NJ 08054-		
NAME:	BARRY J BIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP BUS LEND		
ADDRESS:	1000 BISHOPS GATE BLVD		
CITY/ST/ZIP/CO:	SUITE 210 MT. LAUREL, NJ 08054-		
NAME:	SANFORD J BLITZER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, CAP MKTS		
ADDRESS:	1000 BISHOPS GATE BLVD		
CITY/ST/ZIP/CO:	SUITE 210 MT. LAUREL, NJ 08054-		

		<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARTIN A SCHROETER		
TITLE:	SVP, BUS LEND		
ADDRESS:	1000 BISHOPS GATE BLVD		
	SUITE 210		
CITY/ST/ZIP/CO:	MT. LAUREL, NJ 08054-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ KIMBERLY J DAY</u>	KIMBERLY J DAY, ASST	<u>10/10/2011</u>	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u>	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			